



GP Specialty Training Intended Learning Outcomes from Clinical Placement SPECIALTY

This guideline is for GP Specialty Trainees and Clinical Supervisors during clinical placements, and should accompany the trust job description. The intended learning outcomes should inform the planned clinical experience and training, and should be used as a template for the clinical supervisor's assessment of the trainee's performance at the end of the placement.

The intended learning outcomes relate to three main areas:

- Knowledge (relevant to the placement)
- Practical skills (relevant to the placement)
- Professional competencies (generic GP Curriculum)

1. Knowledge-base relevant to the placement

Symptoms

Pruritus vulvae, vaginal discharge, dysparaeunia, pelvic pain, endometriosis
 Amenorrhoea, Menorrhagia, Dysmenorrhoea, Intermenstrual Bleeding, irregular bleeding patterns, post menopausal bleeding, pre-menstrual problems
 Infertility primary Secondary
 Urinary malfunction : dysuria urinary incontinence
 Contraception,all methods. Emergency contraception,advising on unplanned pregnancy.
 Sexual history taking, sexual health screening, treatment of stds, contact tracing
 Initial counselling of rape and assault victims

Common and / or important conditions

Abnormal cervical Cytology
 Vaginal and uterine prolapse
 Fibroids
 Gynaecological malignancies
 Miscarriage Abortion
 Ectopic pregnancy
 Trophoblastic disease
 Pregnancy Problems
 Menstrual problems
 Sexually transmitted diseases
 Menopause
 Infertility
 osteoporosis

Investigations

Colposcopy and subfertility investigations
 Cervical cytology
 Vaginal and cervical swab taking
 Breast examination
 Bone densitometry

Treatments

Knowledge of Laparoscopy, D+C, hysterectomy, oophrectomy, ovarian cystectomy, pelvic floor repair medical and surgical termination of pregnancy sterilisation
 Understanding the risks of prescribing in pregnancy
 Prescribing contraception
 Treatment of STDs

2. Practical Skills relevant to the placement

Perform a gentle and thorough pelvic examination including digital and speculum examination, assessment of the size position and mobility of the uterus and the recognition of abnormality of the pelvic organs paying attention to professional etiquette patient consent comfort and information

Competently perform a cervical smear with sensitivity and care, providing a positive, informative experience for the woman that allows her to control the process and enhances her view of herself and her body

Catheterisation

Change a ring pessary

3. Professional Competencies

1. Communication and consultation skills

This competency is about communication with patients and the use of recognised consultation techniques. Behaviours you may wish to consider: listening well, exploring patients ideas, providing good explanations, checking the patient's understanding, tailoring communication to the patient's needs.

2. Practising holistically

This competency is about the ability of the doctor to consider physical, psychological, socioeconomic and cultural aspects, taking into account feelings as well as thoughts. Behaviours you may wish to consider: exploring the way in which the problem affects the patient's life, exploring the impact of the problem on the patient's family/carers

3. Data gathering and interpretation

This competency is about the gathering and use of data for clinical judgement, the choice of examination and investigations and their interpretation. Behaviours you may wish to consider: systematically gathering information, using questions that are appropriately focused, making use of existing information, choosing physical examinations and targeting investigations appropriately, making appropriate inferences from the findings and results.

4. Making diagnosis/ making decisions

This competency is about the gathering and use of data for clinical judgement, the choice of examination and investigations and their interpretation. Behaviours you may wish to consider: systematically gathering information, using questions that are appropriately focused, making use of existing information, choosing physical examinations and targeting investigations appropriately, making appropriate inferences from the findings and results.

5. Clinical Management

This competency is about maintaining the performance and effective continuing professional development of oneself and others. Behaviours you may wish to consider: the appropriately using evidence-based medicine, keeping up-to-date, identifying and addressing learning needs, participating in audit and significant event reviews, Contributing to the ongoing learning of students and colleagues

6. Managing medical complexity

This competency is about the doctor's awareness of when his/her own performance, conduct or health, or that of others might put patients at risk and the action taken to protect patients. Behaviours you may wish to consider: observing the accepted codes of professional practice, allowing scrutiny and justifying professional behaviour to colleagues, achieving a healthy balance between professional and personal demands, seeking advice and engaging in remedial action where personal performance is an issue

7. Primary care administration and IMT

This competency is about the appropriate use of primary care administration systems, effective record-keeping and information technology for the benefit of patient care. Behaviours you may wish to consider: using administrative and computer systems appropriately, keeping good clinical records (timely, coded, sufficiently comprehensive)

8. Working with colleagues and in teams

This competency is working effectively with other professionals to ensure patient care, including the sharing of information with colleagues. Behaviours you may wish to consider: being available to colleagues, working cooperatively, sharing information with others involved in the patient's care, using appropriate methods of communication according to the circumstances.

9. Community orientation

This competency is about the management of the health and social care of patients in the local community. Behaviours you may wish to consider: identifying important characteristics of the local community that might impact upon patient care, particularly the epidemiological, social, economic and ethnic features, using this understanding to improve patient management, identifying resources in the community, encouraging patients to access available resources, using health care resources effectively e.g. through cost-effective prescribing

10. Maintaining performance, learning and teaching

This competency is about maintaining the performance and effective continuing professional development of oneself and others. Behaviours you may wish to consider: the appropriately using evidence-based medicine, keeping up-to-date, identifying and addressing learning needs, participating in audit and significant event reviews, Contributing to the ongoing learning of students and colleagues

11. Maintaining an ethical approach to practise

This competency is about practising ethically with integrity and a respect for diversity. Behaviours you may wish to consider: Identifying and discussing ethical issues in clinical practice. Treating patients, colleagues and others fairly and with respect for their beliefs, preferences, dignity and rights. Valuing differences between people and avoiding prejudice.

12. Fitness to practise

This competency is about the doctor's awareness of when his/her own performance, conduct or health, or that of others might put patients at risk and the action taken to protect patients. Behaviours you may wish to consider: observing the accepted codes of professional practice, allowing scrutiny and justifying professional behaviour to colleagues, achieving a healthy balance between professional and personal demands, seeking advice and engaging in remedial action where personal performance is an issue

Deanery Guidelines for inclusion in the Trust Job Description

Clinical Supervision

All GP Specialty Trainees should have a named clinical supervisor, with whom they will meet at the beginning, middle and end of their training placement.

Training

All GP Specialty Trainees should have a minimum of 10 days / annum of study leave in each of their training years to support the generic GP Specialty Programme training programme, together with 5 further days of study leave for placement in a GP training practice. Arrangements for release to be negotiated locally with trusts.

Assessment

All GP Specialty Trainees should collect a minimum data set of evidence about their clinical performance and professional behaviour, and clinical departments are expected to support this process and including recording assessments in the electronic portfolio. At the end of each clinical placement, the clinical supervisor is required to complete a clinical supervisor's report against the intended learning outcomes guideline.

Educational Supervision

All GP Specialty Trainees will have an educational supervisor, usually based in primary care, whom they will meet at 6 monthly intervals for review of the electronic portfolio documenting progression through the GP training programme.